
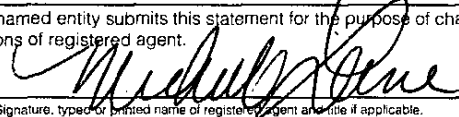
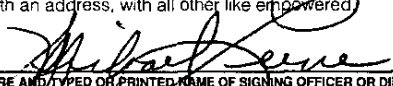


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90409 016 ***150.00

DOCUMENT # G54513							
1. Entity Name A SIGNPRO INC.							
Principal Place of Business % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012			Mailing Address % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2335721			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEVINE, MICHAEL 3901 WEST 18TH AVE #902 HIALEAH FL 33012			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 			DATE 3/30/04				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00							
After May 1, 2004 Fee will be \$550.00							
Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEVINE, MICHAEL	NAME					
STREET ADDRESS	3901 WEST 18TH AVE #902	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP					
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEVINE, SANDRA L.	NAME					
STREET ADDRESS	3901 WEST 18TH AVE #902	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEVINE, DEBRA L.	NAME					
STREET ADDRESS	3901 WEST 18TH AVE #902	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEVINE, RONNIE A.	NAME					
STREET ADDRESS	3901 WEST 18TH AVE #902	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			DATE: 3/30/04		DAYTIME PHONE: 954-438-1396		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		